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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### WHAT IS TEMPERANCE?

BY CHAUNCEY F. PERKINS, M. D., LL.D.,  
Of Erie, Pa.

It is the safe and moderate use of the good things God, in his kind providence, has placed within the reach of our power.

Temperance has nothing to do with things that are really sinful; but much to do with those things which are lawful and right. The abuse and excessive use of those good things is intemperance. Things which are sinful are to be wholly avoided: with them no compromise is ever admissible.

With this brief introduction, in which I have presumed to define temperance and its opposite, I proceed to speak of Intemperance in the use of Intoxicating Liquors.

Within the last fifty years much time and labor has been spent by the religious and benevolent in devising and carrying into successful operation some scheme for the suppression of intemperate drinking—intemperance, as it is called by way of eminence; but after years of experiment and a perseverance worthy of the happiest results, little seems to have been gained, and the demon of intemperance, with scarcely reduced power, holds its empire over the appetites of men and continually consigns its thousands to an untimely grave.

Observing this want of success, and considering the magnitude of the evil to be redressed, it is evident that no pains should be spared in searching for the causes of failure, and if practicable, discovering some efficient

remedy to which a general resort can be made.

Dr. Benjamin Rush, of Philadelphia, while connected with the medical department of the University of Pennsylvania, conceived the idea of making a strong effort to suppress or at least greatly lessen the prevalence of the vice of intemperance, and made considerable headway, I believe, among the students of the College and others in the right direction. Dr. Rush died in 1814, and little was done to arrest the progress of the evil, while it increased in an alarming degree, and until observing and thoughtful people were startled at the rapidity of its growth and showed signs of uneasiness and alarm. About this time, 1830, the Rev. Dr. Beecher began to deliver lectures on the subject of intemperance; these attracted considerable attention; many persons of the more reflecting sort fell into his views or sympathized with him from the first, and taking an active part, a good beginning was again made, and a sensible advantage gained over the enemy; many intemperate people as well as temperate, seeing the reasonableness of the reform recommended, patronized and adopted it, if they had not already become imbecile slaves to the tyranny of the vice; and a flattering progress was gaining on the confidence of the people; but in all this time little or nothing was done for the confirmed and helpless inebriate; he was looked upon and passed by as in an inextricable and hopeless dilemma, and mostly left to his fate. A few benevolent persons, however, realizing the drunkard to be suffering and in a manner helpless with a physico-moral malady,

pitied and strove to heal him of the disease.

Now came forward, in all the vigor of a youthful adventurer, the Washingtonian Temperance Society, whose corner-stone was the Reformation of the Drunkard. Here various and opposite materials were at work, the sober man and the inebriate; and how admirably they wrought together.

Much good was effected by this Society; a goodly number of drunkards were permanently restored to reason and their families. Not a few men who were reformed by the kind and gentle treatment extended to them, with persuasion and cheerful encouragement, enlisted in the cause at once, and as good angels went about to lead others from the errors of their way, holding private interviews with the intemperate, or delivering lectures, or making speeches in public, as they might feel disposed or be able, and often these public exhibitions were highly interesting, and made before crowded assemblies. This Society with its happy results had its day and gradually passed off the stage, and Teetotalism, as it has been facetiously called, came to be the order of the day, putting on various forms and assuming vast proportions. Some persons were so impressed with the idea of no intoxicating liquors, that they cut down valuable orchards, destroyed large quantities of distilled or fermented liquors, and some people went so far as to refuse the use of wine in the sacrament; legislators have been appealed to for laws to forbid the manufacture and use of alcoholic drinks.

Maine has taken the lead in this matter, and Massachusetts is not far behind in the enterprise; everywhere the people are astir, and the great and all-absorbing idea of many is universal and total abstinence, by all classes and ages, from everything that can intoxicate; and this state of things continues and grows more and more intense among its votaries, many of them spending much time in lecturing, in long, short, or in impromptu addresses; in circulating and even pressing upon the community, in large assemblies, in families, in schools, and upon young children, the Pledge of Total Abstinence, thus laying them under a solemn obligation not to taste of ardent spirits, wine, cider, beer, or other stimulating or intoxicating drinks. And all this directed and kept up by an excited and fervent zeal constantly fanned into activity by a class of men, honest, well-disposed, affectionate friends, true philan-

thropists, but with strong prepossessions and prone to pursue their favorite idea to its ultimatum, little regarding others equally worthy of their attention. And the question is modestly asked, What is this excited, partisan, yet well-meant scheme likely to accomplish? Will it have its day, and like its predecessors expire at the inception of some new plan for the prevention and cure of intemperance? With all that has yet been done, the demon is still rampant.

A little has been gained in certain localities and by numerous benevolent and Christian societies and warm-hearted individuals; but in general there appears to be no abatement of the evil, and it may well be asked, What is it our duty to do? What, as philanthropists and the true disciples of the Messiah? Surely, it is not right to stand idle, and see the ruin go on, and not make an effort to arrest it. So many methods have been tried, the last during a long period of years, it should seem that some wisdom would by this time be acquired, and that a more promising course could be pursued.

Gentlemen—my friends and brothers of the profession of medicine—what shall be done? The disease afflicting our vision with all the horrors of a vicious and deadly epidemic, shall we fearlessly engage in its treatment as we would in an infectious fever, but with better hopes? Shall we inquire into its secret springs, and examine its snaky form, as with a powerful microscope, and thus, if possible, learn how to treat it successfully? You, far more than any other learned body, are acquainted with the entire and severed constitution of man, and, therefore, eminently competent to restore order and harmony when lost or impaired.

Suffer me to suggest that without the blessing of God no scheme or plan of operation of whatever kind can be expected to prosper. This is said, not to inform those who know as I, but to exhibit at once the ground on which I stand; if we look for our plans and labors to succeed, we must expect the blessing of God. When the first temperance societies were formed, they called for strict and inviolable abstinence from all excess in the use of intoxicating liquors as potations, and nothing more, and those societies, while they were allowed to operate freely in their own way, without commutation or modification by those which followed, were, although in their first infancy, evidently gaining favor with the community of all

classes, and I think I do not violate the truth when I suggest that they had an encouraging measure of success. The reason and understanding of men and women were addressed, motives were laid before the people, and much "moral suasion" was used with them, and they were not in general trammelled with pledges and promises made in earlier or later life. These come up from childhood and age, and look us in the face, while in every stage of our earthly existence they have a certain binding effect; the mind is uneasy, and nothing so hard to keep as a promise made under excitement or constraint.

Amidst a flourish of pledges manhood is scarcely considered, and without resisting the wave, the individual goes with the current that sweeps past him. This is teetotalism; and is it a proper corner-stone on which to erect a permanent superstructure? Is it not rather a sandy foundation? Where is teetotalism found in human reason; where in the Oracles of God? Is it not an assumption that man's wisdom is superior to that of God? The Divine requirement is simply temperance.

Man essays to improve upon this, and presumes to have found out a better way, and insists on the entire and universal disuse of what God allows us freely to use, only that we avoid excess. Now as there is in the Scriptures of truth no trace of an interdiction of the safe and moderate use of alcoholic drinks, must we not look upon ourselves as taking out of the hand of our Maker, and stealing from Him, the right to fix and establish His own rules for the use and distribution of His favors. Shall we not believe, therefore, that this daring assumption is displeasing to God, and because of it He withholds from it His blessing? Were the enterprise divested of the feature of total abstinence, so objectionable to a vast proportion of the people, would it not have more favor, and thousands join it that now stand aloof? A resort to persuasion, kind admonition, and advice daily, or very frequently administered, would probably work wonders.

From all I have seen in the course of a long practice, I am convinced that the confirmed inebriate is much too often given over as a lost man; indeed, I think that he should never be given over to inevitable and helpless ruin. He is deeply involved in disease, physically and morally; but though

suffering terribly, he is yet a living man, and a proper subject for therapeutic treatment; and, as already briefly mentioned, I am fully impressed with the belief that with untiring efforts in daily or very frequent visits, with the manifestation of deep sympathy to the drunkard, and kind and gentle reproof, advice and persuasion, very many intemperate drinkers would be recovered from the brink of ruin; joining with these means the use of such physical medication as the various conditions suggest, and with a constant view to sustain the idea of his manhood and hope of reform.

#### NEW COMBINATION FOR BOWEL AFFECTIONS.

BY J. C. C. DOWNING, M. D.  
Of Wappinger's Falls, N. Y.

In the October number of the *New York Medical Journal* (Vol. X, No. 1, October, 1869), there appeared an article by Dr. F. P. Mann, "A New Combination and its Specific Action in Certain Important Diseases."

Dr. Mann first called attention to the chemical and physiological properties and constituents of bile. Next he shows the effect upon the system of the presence of the abnormal or vitiated bile. He attributes cholera (Asiatic?), cholera morbus, cholera infantum, and diarrhoea, of the kind prevalent in summer, and dysentery, to the decomposed bile in the stomach and intestines. And he shows how his "new combination" acts under those circumstances. Dr. Mann's formula is as follows:—

R. Aloes Socotrine, pulv.,  
Potass. sulph., pulv.,  
Sodæ bicarb., aa ʒj.  
Carophyl., ʒss. M.  
Div. in pulv. xij.

Three table-spoonsful of boiling water are to be added to each powder, and in cholera, cholera morbus, and cholera infantum, the mixture is to be swallowed whilst it is at as high a temperature as possible.

To adults the whole three spoonsful are given at one dose; if rejected by vomiting, repeat immediately. A powder is given every hour until bright yellow bile appears in the dejections. For drink, hot tea, with no milk or sugar, or ginger tea, in very small quantities, frequently repeated. To infants and children the dose of the solution or mixture is one teaspoonful every half hour, increasing the size of the dose according to the age of the child. In dysentery a powder

is to be given every three or four hours, and to children in proportion.

Dr. Mann claims that this combination is a specific in the treatment of the diseases above mentioned. In my practice I find the statement entirely correct; I believe it to be more of a specific than quinia is for ague. I no longer dread cholera infantum; I have not known of one fatal case of any of these affections where it has been used. Let me earnestly ask each physician who reads this to test the remedy. The rapidity with which it will frequently allay the nausea and vomiting present in many cases is so surprising that it must be witnessed before credit will be given to the statement.

The combination will be found useful in intermittents, preparatory to administering quinia; also in attacks of colic, with extensive gaseous distention of the intestines.

In conclusion, will not those who may be induced to use this formula report their experience.

#### A CASE OF PUERPERAL MANIA, WITH CONVULSIONS.

By J. H. MAYNARD, M. D.,  
Of Unity, Maryland.

On the evening of the 10th of May last I received from Mrs. H. a request to send her a dose of morphia, for the relief of a very distressing headache which she was then suffering from. It was about the time she was expecting to be confined, so it was with reluctance that I complied, by sending morphine sulph.,  $\frac{1}{4}$ gr., which I afterwards learned was not retained long enough by the stomach to have any constitutional effect.

About 12 o'clock that night another messenger came hastily, and requested me to go to her immediately, as she was supposed to be dying. When I reached there I found her a complete maniac, and a fine, healthy-looking boy in the arms of the nurse. Labor had been very rapid. The placenta was lying in the vagina, and was easily removed by a little traction upon the funis.

I could find no physical cause for her mania other than the rapid labor. She was a woman of considerable mental attainments, and she had been noted for her wonderful presence of mind and thorough self-control, having passed through some trying family difficulties, which fully developed these traits of character; and it was to the constant pressure of these difficulties that I

was forced, in the absence of other causes, to attribute her sad condition. The human mind will often sustain its equilibrium under trials and difficulties which will cause a complete wreck of the physical being, while at other times we see a mind that we considered vigorous in the extreme succumbing under a load of difficulties, as if it were supporting the entire burthen; and this seemed to be Mrs. H.'s condition, for physically she was stout and vigorous, while mentally she was a complete wreck.

I gave her thirty-grain doses of brom. potass. every two or three hours for the next twenty-four hours, and it seemed to have no more effect upon her than so much wheat flour. The next night, about 10 o'clock, I began the administration of chloroform, and kept her more or less under its influence for the next five hours, but still she raved.

While under the influence of chloroform she was quiet, and would sleep for half an hour or more at a time, but as soon as its influence began to wear off her mental excitement would show itself again. After pushing this and the bromide as far as I thought safety to my patient would allow, I asked for assistance, and Dr. R. was sent for. He arrived about 3 o'clock that night, and shortly after his arrival, and while we were talking over her condition, and discussing the merits and demerits of certain drugs, we were hastily summoned to the bedside of the patient, and found her in a violent convulsion. After the convulsion had passed off she remained quiet. Complete relaxation was the result of the violent muscular action.

Heretofore she was all excitement; the unrelaxing effort of two attendants was necessary to keep her in bed; now she lay perfectly quiet; not a muscle was seen to move. The scene in that room beggars description. The family were gathered around, expecting every moment would be her last, while the physicians looked on, and felt how powerless they were to wrestle with the monster which then confronted them.

After a while the eyes were seen to open. I looked into them; they were clear and bright; no evidence there of mental aberration. Was she looking at me? Did she know me? Just then the eyeballs were suddenly jerked to one side; the chest heaved; the muscles writhed, and she was in another convulsion, more violent even than the first; and they continued to recur,



at intervals of about an hour, during the rest of the night, and until half-past 2 o'clock the next day, when they ceased. How they ceased, or rather what caused their cessation, I am rather at a loss for proof. I can but state facts.

Shortly after the development of convulsions the power of deglutition was lost, so that nothing could be conveyed into the system through that channel.

About this stage of the case an enema of salt water was administered, and repeated several times, which in the course of the morning produced tolerably free alvine dejections. About 9 o'clock that morning I saturated a small piece of linen with cream, and put the end of it in the mouth, and after a moment or two I noticed an effort of the pharyngeal muscle like swallowing. I renewed the cloth and cream, and I soon ascertained that after the cream had trickled down as far as the pharynx the muscles took it up and conveyed it into the stomach. The cream was then kept in the mouth constantly, in the way described, and after a while I noticed that as soon as the cloth touched the lips there was an effort made to seize and compress it between the tongue and the roof of the mouth. This looked something like improvement.

About 2 o'clock in the afternoon I found that the function of deglutition was sufficiently restored for me to venture to administer something again per os (I forgot to state that Dr. R. left early in the morning, having assured myself and the family that the case was a hopeless one, in which opinion I believe I fully concurred), and I gave another thirty-grain dose of brom. potass., which was followed in half an hour by the most violent convulsion of all. I will admit I felt a little uneasy about that time, for I feared that the potassium might have had something to do with it. But the next hour came and passed, and the next did likewise, without a convulsion. I began to breathe more easily. The third, and then the fourth hour passed, and still no more convulsive seizures.

All this time I was increasing the cream as her power of swallowing improved, and every teaspoonful seemed to add fresh vigor to her system. During the following night there were manifestations of mental improvement. The next morning her physical improvement was sufficiently advanced to admit of my leaving her for a short time, to

attend to duties elsewhere, having been with her almost constantly for two days and nights.

The next morning Dr. R. met me there again, when we decided to adopt the expectant plan of treatment, and for the present give nothing but cream and beef essence.

In the course of the next two days she began to improve rapidly, and now her mind is quite as clear and active as ever it was, and her physical condition nearly as robust.

How much the bromide of potassium had to do with controlling the convulsions I am unable to say. The injections, by unloading the alimentary canal, may have relieved the portal circulation, and through the unloading of it and the ramifications of the abdominal aorta, the vascular film of the heart and the consequent pressure of its walls may have been removed, thus permitting the vena cava superior, the innominate, and the jugulars, to empty themselves more rapidly, thus relieving any cerebral congestion that may have existed. But I saw no evidence of this congestion; yet it may have existed to a sufficient extent to upset the balancing power, which was, no doubt, in a tottering condition, without presenting any external evidence of its existence. This is the only rational explanation I can give of the action of the enemata.

There was no more medicine given to her after the last dose of potassium, at 2 o'clock, except about three grains of calomel.

Ramsbotham says that "An attack of puerperal convulsions is one of the most frightful accidents that can happen to a patient under labor." And on page 427, while enumerating the causes of this dreadful disease, he says, "But the disease has often proved fatal without any organic lesion being evident on dissection, and without even the vessels being observed to be preternaturally full." Might not some pathological condition of the vaso-motor system of nerves have been the proximate cause of her maniacal condition, which culminated in convulsions?

July 1, 1872.

#### OBITUARY NOTICE OF JOHN BELL, M. D., OF PHILADELPHIA.

Died, on the evening of August 16th, 1872, of a chronic disease, that he bore with patience and fortitude, Dr. JOHN BELL, of this city, in the seventy-seventh year of his age.

He was the associate and friend of the physicians of the old school, now gradually passing away. Dr. Bell was several years older than most of his club which he leaves to mourn his loss, as, for instance, Condie, Hodge, Wood, Carson, Norris, and La Roche. We of the younger members of the profession had the impression that Dr. Bell was an older man, but the record states that he was born in Ireland, in 1796; his aged appearance was due to his feeble state of health, but his mind was the very opposite of his body, being clear, strong, and capable of much mental labor.

Dr. Bell came to this country with his parents, who settled in Virginia, in 1810, and he was their main support until their death. After seven years' residence he was able to save a sufficient amount to fit himself as a student of medicine, and he graduated as M. D. in the University of Pennsylvania, in the year 1817.

He was looked upon as a Virginian, by Professor Chapman, a native of that State, who took quite a fancy to the young graduate, and encouraged him to remain in Philadelphia, and he assisted this distinguished author by numerous contributions to *The Philadelphia Journal of the Medical and Physical Sciences*, which was commenced three years after he graduated, in 1820, and was edited by Drs. Chapman and Dewees. As the young doctor was not overpowered with practice, much of his time was given to his papers on Baths and Mineral Waters, which were afterwards embodied in a work under this title.

Dr. Bell lectured for many years on the Institutes of Medicine; and subsequently on *Materia Medica*, in the Philadelphia Medical Institute, a summer school connected with the University of Pennsylvania, of which Dr. Chapman was the honored founder. A reference to this institution, and how it became incorporated with the clinical teaching in the University, we referred to when writing a notice of the late Dr. W. W. Gerhard, who, with Dr. Jackson, was also attached to it. A somewhat painful controversy took place between Dr. Bell and the latter-named gentlemen, which was owing to certain promises held out that Dr. B. would one day become professor in the Institution he so devotedly worked for, on the death of his friend Chapman. Subsequently they again became friends, and all felt sorry for the war of words.

Dr. Bell felt aggrieved, and accepted a professorship in the Medical College of Ohio, but after two years' trial he resigned his position, and returned to his adopted city. This step was an unfortunate one for Dr. Bell, as he lost a very select practice, and was never able to regain it. After those two years other physicians whom he had himself recommended still retained many of his best patients, and although he recovered some, yet from his age and physical infirmities, he was not able to cope with the more active competitors in the field. He, therefore, devoted most of his time to literary efforts, not always very remunerative. As before stated, one of his earliest productions was

1st. *Baths and Mineral Waters*. Philadelphia, 1831.

2d. *Health and Beauty*. 1838.

3d. *Treatise on the Physiological and Moral Management of Infancy*. By Andrew Combe, M. D. With Notes and a Supplementary Chapter by John Bell, M. D. Philadelphia, 1840.

This was a most valuable work, and still holds its place, in spite of the numerous works upon the subject of infant management. The chapter by Dr. Bell contained an accurate statement, from personal observations, of the great and peculiar dangers to which infancy is exposed in the United States, showing that there must be harmony between the rules of health which govern the family, and those applied to the mother and child; also how to avoid infant mortality with the great extremes of climate, and the difficulties in consequence of it, with hints for the construction of houses so as to preserve equable temperature, summer hygiene, diet, air, and bathing. He then gives the chief diseases of children in Philadelphia and New York, and the proportion of deaths from them, winter hygiene, convulsions, and diseases of the brain, scrofula, and marasmus, and above all not over-exercise the brain of childhood. "Young persons of scrofulous diathesis," he observes, "are too often made the victims to the vanity of their parents and teachers by being urged to mental exercises beyond their powers, which sometimes throw them into irrecoverable idiocy, and at other times bring on dropsy or inflammation of the brain, which soon terminates their existence. With a knowledge of the tendency of children of this constitution to disease, it will

be the paramount duty of their parents to restrain in place of exciting them to intellectual displays; and to direct their attention to sports and active bodily exercise, until such time as the brain acquires more firmness and ability to perform its appropriate functions.

4th. *Regimen and Longevity*. Philadelphia, 1842.

5th. *Stokes' Lectures on the Practice of Physic*. Edited by John Bell. In the additions to this able work of Dr. Stokes, of Dublin, he showed his thorough knowledge of medicines, and so acceptably was this work received, that it passed through four editions, and was a text-book in many of our schools of medicine. (4th ed., Philadelphia, 1848.)

6th. *Baths and the Water Regimen*. 2d ed., 1849.

7th. *Mineral and Thermal Springs of the United States and Canada*. Philadelphia, 1855.

In his chief work on "*Dietetical and Medical Hydrology*," he gave a systematic view of the operations and effects of the different kinds of Baths on the animal economy, as well in its healthy as in its diseased state, enlarging on all the topics of his former work. It must be deemed strange, in medical literature, that although there were essays on the cold bath, on sea-bathing, on the warm bath, and on the vapor bath, and sometimes on two of these in the same volume, yet, until the appearance of the treatise of Dr. Bell, there was no one in the English language in which they were all severally considered, and their resemblances, contrasts, their successive and alternate uses, pointed out.

It will be seen that Dr. Bell was an industrious writer, and that his work filled a want in our medical literature.

Besides those works already enumerated, he edited, with Dr. D. F. Condie, an essay on *Cholera*, and numerous valuable papers, in the *Medical Examiner*, *American Journal of the Medical Sciences*, and in the *MEDICAL AND SURGICAL REPORTER*. He was President of the Philadelphia County Medical Society, and his address on his *Retirement* was an elegant and scholarly production. He gave this society much of his valuable time, and entered with zeal and interest into its discussions, as may be seen in the volume of published transactions, edited by its late indefatigable Secretary, William B.

Atkinson, M. D., in which Dr. Bell has given a most valuable practical paper on "*Variola, its Modifications and Treatment*," derived from personal observations while one of the physicians of the Small-pox hospital on Green Hill, in the epidemic called "great," of 1823-4, which must now be called small compared with the epidemic of 1871-2. In this paper he makes the honest confession which all judicious physicians must do, "That comparing his former treatment (1823-4) with his recent experience (of 1860) he had little to add to inspire confidence in any therapeutical course or particular remedy. In mild cases of a distinct variety, the cooling regimen, fresh air, cool and cold drinks, aided sometimes by a mild aperient when the eruption is vesicular, the question comes up, Is abortion or jugulation of small-pox possible? Some have answered in the affirmative, but without adequate proof to sustain the assertion." In the confluent cases he resorts early to a cordial and sustaining treatment. Oil of turpentine, with camphor mixture and quinine, he found of service in the stage of secondary fever with much prostration and delirium, simulating, in fact, typhoid fever. In laryngeal and bronchial complications, with febrile excitement, calomel and Dover's powder in divided doses, a grain or half a grain of the former and three of the latter, combined with chalk, he has found serviceable. For a gargle he found nothing so easily made and answering all indications, as a solution of common salt, one tablespoonful to half a pint of water, to which is added two tablespoonsful of vinegar. For external treatment he early used cold effusion and sponging. In some cases the early and continued use of "Lugol's compound solution of iodine, of the stimulating" strength, has done some good in impeding the formation of pustules and so far lessening pitting, but he has no faith in silk masks, gold leaf on the face, unguents, simple or mercurial, or cauterization with nitrate of silver; indeed, he observes, "if the results of these trials of various substances to the face were faithfully given, we would have a singular diminution of the number of cases in which they are said to have been successful."

We trust we shall be excused for making this long extract, on the plea that the subject is one of great interest to the profession of this country.

Dr. Bell was a member of the American Medical Association, and of the Pennsylvania Medical Society, Fellow of the College of Physicians of Philadelphia, and of the American Philosophical Society, to all of which institutions he gave much of his time.

Dr. Bell leaves a wife and daughter to mourn his loss, and his medical brethren will miss his valuable aid in advancing general and medical science. L. T.

### SPINAL IRRITATION.

By DR. W. H. PHILLIPS,  
Of Ohio.

(Read before the last Meeting of the Northwestern Ohio Medical Association.)

It is proposed in this paper to summarize such ideas as I have been able to obtain from modern writers, together with my own observations upon the symptoms, causes, pathology, and treatment of Spinal Irritation.

I am fully of the opinion that this disease is of frequent occurrence in all this portion of the country which we represent; perhaps much more frequently met with than recognized. And this is not remarkable when we consider the fact that it has hardly yet received a sufficient recognition, even among our teachers, to obtain a place in our systematic works on the practice of medicine. It has either been passed over in silence, or barely and even sometimes slightly alluded to by our authors.

In every genuine case of spinal irritation I believe we can find spinal tenderness in some portion of the vertebral column. Although it may not have been complained of, or even observed by the patient, yet upon a thorough and careful examination of, and pressure upon each of the spinous processes and intervertebral spaces, we will not only discover tenderness under pressure upon the superficial parts, but sometimes in the deeper seated tissues.

This tenderness is extremely variable in character, requiring strong pressure to develop it in one case, while in the next it may be so exquisitely tender that the lightest touch is almost insupportable. It is more commonly confined to one or two of the vertebrae. It may be found in one or more localities, or it may indeed be noticeable for the entire length of the cord. In a certain portion of cases we find in addition to the tenderness, which is external to the cord, and manifestly located in the tissues

overlying the cord, a deeper seated pain and tenderness, which seems to be located in the cord itself, and is capable of being developed by percussion. Occasionally it may be developed in portions of the cord where the overlying tissues are not tender, but it is, as a rule, situated at or near the points of external tenderness.

The eccentric phenomena which characterize this disorder always bear a marked physiological and pathological relation to the local tenderness, and are usually found in parts not very remote from the real lesion.

When the irritation exists in the cervical region we may expect vertigo, cephalalgia, soreness, irritability of disposition, and a morbid state of the emotions, as functional derangements, as perversions of the sensibilities, numbness, or neuralgias about the face, head, neck, or upper extremities.

If the irritation is in the dorsal region we meet with a derangement in the functions of the viscera contained within the thorax and abdomen, as palpitation, fits of apprehension, sinking, globus hystericus, and many other symptoms usually denominated hysterical.

When it is found in the lumbar region we are certain to find the derangements of functions and sensation in that portion of the body which receives its nervous supply from the lumbar and sacral regions, as ovarian and uterine derangements, irritation of the bladder, constipation, seminal weakness; or with them we may find neuralgias of those parts, or of the lower extremities. In short, it may be safely stated that an irritation at the posterior roots of any given nerve or pair of nerves will be manifested not only by derangements of the normal sensations, but of the functions of the parts supplied.

Comparing the phenomena of this disease with the facts just stated, we arrive at the conclusion that the phenomena of spinal irritation are dependent upon a deficient quantity, or upon an impaired quality of the blood circulating in the posterior column of the spinal cord. This further appears from the following considerations:

1st. It is a recognized principle in pathology that an irritation at the root of, or even at any point upon the trunk of any given nerve is manifested by a disturbance of its functions, or sensation, at its terminal branches.



2d. We find anæmia giving rise to irritation in many instances, when mistake cannot well occur. This principle is illustrated by the state of the heart in general anæmia; by the unnatural state of erethism in exhausted generative organs; by the violent headache of cerebral anæmia, and their prompt relief by stimulants and position.

3d. It will be observed that the subjects of spinal irritation are almost invariably enfeebled by general anæmia or neurasthenia.

4th. The phenomena of spinal irritation are not of that grave and fatal character which usually result from all other spinal diseases. Moreover, by our better understanding and improved methods of diagnosis, we are now able to exclude all the grave conditions with which it might be confounded, or which might be supposed to stand in a causative relation, such as spinal congestion, myelitis, or spinal meningitis.

Finally. If there remains any doubt about the correctness of our diagnosis, it may be speedily settled by experimental treatment, for the means used to increase the flow of blood to the spinal cord improves all cases of spinal anæmia, while the means used to diminish it invariably aggravates the symptoms.

The causes of this disease, like most general diseases, may be considered as predisposing and exciting. Of the predisposing, sex is incomparably the greatest. My information upon this point leads me to the opinion that its greatest frequency in the female sex is as ten to one of the male. It may occur at any period of life from youth to old age.

Of the exciting causes, their name is legion, and they can only be enumerated by classification.

The 1st class of causes are those diseases which tend to exhaust the vital energies of the system, or which tend to impair the quality of the blood, as typhoid fever, dysentery, chronic diarrhoea, diphtheria, exhausting hemorrhages, abortions, leucorrhoea, and prolonged lactation.

2d. Those which tend to exhaust the nervous energies, such as grief, mental anxiety, prolonged and severe mental labor, insomnia, and excessive venery.

3d. Those which impair the processes of nutrition. The malarias, toxicants, cachexias, and local diseases of the stomach and bowels, or of the spleen; in short, anything that interferes with the processes of hæmatosis.

*Complications.*—The complications of spinal irritation may be various in character, and of frequent occurrence. That the lack of blood supply, proper nutrition, and functioning power, may extend to the antero-lateral columns, I have had ample proof. This condition is manifested by both the sensitive and motor filaments of the nerves. I have several times met with all the symptoms of spinal irritation, with numbness and want of power both in the upper and lower extremities, or in one lateral half of the body. That it is sometimes complicated with spinal congestion I think may be safely admitted.

*Prognosis.*—The prognosis in complicated cases is generally favorable. By the steady and persevering aid of the proper means, cures may be promised with much certainty. To appreciate fairly the prospects of a case, a careful estimation of all the factors which have induced the disease is to be had. The age, the circumstances of the patients, and the probabilities of their being able to comply with such conditions as will secure a complete removal of the cause, are important considerations in making a prognosis.

*Treatment.*—There are three leading indications to be filled in the treatment of this disease.

1st. To remove the cause.

2d. To restore the general tone of the system.

3d. To improve the circulation and nutrition of the cord at the diseased part.

It is of the most essential importance to discover the real cause, in order that measures for its entire removal may be set on foot as a preliminary. If the patient gives a history of hemorrhages, leucorrhoea, prolonged lactation, or any other exhausting discharge, measures must be adopted for their special treatment and removal, in order that this exhausting flow of the elements of vitality may be directed to their proper channels.

In the fulfillment of the first indication, namely, the removal of the causes, we enjoin rest; not absolute, but in a recreative sense; the strict avoidance of fatigue or excitement.

The second indication is best accomplished by the use of such general tonics as have proven most efficacious in our hands. Quinine, iron, and cod-liver oil, are con-

fessedly at the head of this class of remedies.

In addition to this class of direct tonics, all who have had opportunity for observation agree that alcoholic stimulants are among the most efficient means of treatment at our command.

In the accomplishment of the third indication somewhat greater skill and care is required. To determine a greater flow of blood to the spinal cord, and thereby promote its nutrition, a number of special remedies have been used with success. Of these, strychnine, phosphorus, and zinc, are worthy of special mention.

I have used with great satisfaction a combination of these remedies in the form of the phosphide of zinc in combination with *nux vomica*.

There is another agent which I have used with very gratifying results, namely, the constant galvanic current. It is claimed by experts that this agent is capable of producing an increased or diminished supply of blood to the cord at will, according to the direction of the current used.

The next means for the accomplishment of this object is by small and frequently repeated blisters.

This outline embraces the chief remedies at our command for the treatment of this peculiar disease.

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## MEDICAL SOCIETIES.

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### Oneida County (N. Y.) Medical Society.

The annual meeting of this Society was held Tuesday, July 9, 1872, Dr. Wm Russell, President.

The meeting was called to order by the President. The minutes of the quarterly meeting were read and approved.

Dr. Bissell stated that he had been requested by Dr. John P. Gray, Superintendent of the State Lunatic Asylum, to ask the Society to hold its next quarterly meeting in that institution. The invitation was accepted.

Dr. Judson B. Andrews presented a carefully written report of a case of excessive hypodermic use of morphia. The patient, a young woman, while insane, and after having taken over two thousand hypodermic injections, had thrust into her body at every possible place three hundred sewing needles. These last had been removed at the asylum, and the photograph exhibiting them was shown.

Dr. Wm. Russell then read an address on the topic

"Is Woman adapted by Nature and Social Position for the arduous duties of the Medical Profession?"

He remarked:—

So far from imposing artificial restrictions upon women in the acquirement of medical knowledge, I would say: Throw open our college doors; remove every obstacle in their way, and let them toil through medicine and philosophy. And as Huxley, eminent as a biologist and philosopher, playfully remarked, "Let us have sweet girl graduates by all means; they will be none the less sweet for a little wisdom; and the golden hair will not curl less gracefully outside of the head by reason of there being brains within." Let them have a fair field; but let them understand, as a necessary correlative, that they are to have no favor. Let nature alone sit high above the lists, and I do not hesitate to predict that they will find their proper sphere is not that to which they would aspire. Nature's old law will not be repealed; and no change of dynasty will be effected. I see nothing for it but the old division of humanity into men potentially, or actually fathers, and women potentially if not actually mothers, each bearing the burden incident to their natural spheres in the battle of life; and I fear that so long as maternity is the lot of woman, she will be fearfully burdened in the race. She cannot, in justice to herself, treat with indifference her maternal instincts; they are a law unto her, demanding full obedience.

This question is clearly connected with those relating to their functional, domestic and industrial positions. The question is not as to the relative intelligence or virtue of the two sexes, but whether the practice of medicine is or can be woman's sphere.

Her advocates claim there is a peculiar fitness in the female intellect for the duties of the profession; that it is clearer and quicker in its perceptions; that their instinctive intellectual insight is sharper, their passionate tenderness and every excellent character, whether mental or physical, is superior to that of the average man, both in quality and quantity, but they refrain from telling us that woman is by nature more excitable than man; more prone to be swept by tides of emotion proceeding from hidden and inward, as well as from obvious and external causes. They are also more impulsive and not so reflective as men, and inductive reasoning is not their chief excellence. The disqualification, however, is not one of intellect, but of position, or at least of intellect only so far as intellect in regard to special functions may be unfavorably influenced by position.

The question is not about the abstract capacity of women, but as to their capacity under existing circumstances, and the possibility of their assuming the duties of the physician consistently with the unity and happiness of their families. We are told, indeed, that there is no reason why domes-

tic harmony should be disturbed by this change of position; but what man in any of the walks of life would regard with pleasurable emotions the departure of his wife or daughter from his house at the hour of midnight, to traverse the dark streets of the city with a stranger, to a strange place?

I am aware that human nature possesses a wonderful degree of power of adaptation to circumstances, but I doubt whether any of you could adapt yourselves with ease and comfort to such unnatural conditions. Would not the harmony of any ordinary marriage be violently disturbed by such a practice? While the family subsists, let all those who regard the integrity of its relations as valuable to the State and society shrink from exposing it to such a strain.

There is a field for woman's work which is closely allied to that of medical practice; wherein many noble women, with a spirit of self sacrifice worthy of all commendation, are devoting themselves to the alleviation of human suffering. I speak of nurses, in the fullest signification of the term, and especially of hospital nurses. For this field of labor women are well adapted; their quick perceptions, their intellectual insight and their tenderness, all in harmony with the requirements of this position, fit them above and beyond all question, as by heaven's ordination, for this work.

No physician can pass through the wards of our State Lunatic Asylum or of St. Elizabeth's Hospital, in this city, without being deeply impressed with all I have said respecting the capacity of woman for the noble work. Happy, cheerful and contented in their ministrations, no watching too arduous, no duties too obnoxious, and no conditions but meet with their ready, skilled and cheerful attentions. What spectacle more pleasing does this earth afford than a happy woman contented in any or all of the positions that are in harmony with herself; transforming the briars and thorns of life into the roses of a paradise as by the magic of her touch. They diffuse a cheerful glow around them as they pursue the even tenor of their way. They have the jewel of contentment, whose value is above the philosopher's stone, for without seeking the baser exchange of gold, which may purchase some sort of pleasures, they convert everything they touch into joy. What their condition is makes no difference; they may be rich or poor, high or low, admired or forsaken by the fickle world, still happiness is in their hearts, and makes them radiantly beautiful.

#### NOMINATIONS.

After dinner the Committee on Nominations made the following report. The gentlemen named were unanimously elected:—

President—Dr. Robert Frazier.  
Vice President—Dr. Walter Kempster.  
Secretary—Dr. Edwin Hutchinson.  
Treasurer—Dr. William L. Baldwin.  
Librarian—Dr. Alonzo Churchill.

Dr. Hutchinson read the following paper

#### "ON THE USE OF ATROPINE IN SOME DISEASES OF THE EYE."

It is often of as great service to us as practitioners of medicine to call our attention strongly to an old remedy, as to bring forward some new discovery with all the wonderful results that it may be expected to perform. Belladonna has been used in medicine for hundreds of years, and has been applied to the eye for various purposes almost as long. Its power of dilating the pupil, and quieting pain about the eye in various inflammatory conditions, is known to all students of medicine. This property makes it of most valuable service. Without availing ourselves of it, we could scarcely hope to cure many of the cases which now recover. Notwithstanding that these facts are well known, yet a vast number of persons become blind because the practitioner fails to use it in time. It will be my aim to induce others to keep this in mind, and to show how much good may be done, and how many poor, suffering creatures may be saved to usefulness by the prompt use of belladonna or its alkaloid, atropine.

There are large numbers of individuals in every community who have had iritis, and in consequence thereof have had the margin of the pupil adhere to the anterior capsule of the crystalline lens, either at one or more points, or in a complete circle. These attachments are very often sufficient to destroy the eye. The pupil contracts and dilates under the stimulus of light, and constantly pulls upon the point of adhesion. Thus a fresh inflammation is excited; another iritis follows, and very likely the pupil is closed by lymph, and the whole iris glued fast to the surface of the lens. When the peculiar pain and sensibility to light, with the objective symptoms which accompany iritis, come before us, no time should be lost in completely dilating the pupil. Use a strong solution of the sulphate of atropia, four grains to the ounce of distilled water, and drop it into the eye every half hour until the iris is a mere ring, and keep it dilated with four applications daily until the inflammation subsides. No harm can result from this course, nothing but good. After the patient recovers, he has a good eye, with a movable pupil, and you will be well rewarded for your attention. Ulcers of the cornea should never be treated, as used to be done altogether, with strong astringents or caustics. Keep the light away, and use atropia daily. The tension of the ball is relieved, tender corneal wens that are exposed by the ulceration are put to rest, and your patient is made comfortable. Should the ulcer slough rapidly and enter the anterior chamber, allowing the aqueous humor to escape, there will be less danger of prolapse of the iris and that ugly condition of things produced known as anterior synechia. We have all seen these cases where the iris is attached to the cornea, and in every move-

ment of the pupil drags upon the cicatrix. These eyes are prone to attacks of recurrent iritis with all their sad consequences.

In herpetic or diffuse inflammations of the cornea, atropine in strong solution is of great value. You see a raised vesicle appear at the corneal edge, with a rosy zone of vessels leading fan-like over the sclerotic conjunctiva. Use your atropine at once. The cloudiness from the interstitial deposit in the corneal substance may spread quite over its surface, and so make your patient perfectly blind. Do not despair, but apply your atropine freely, and with the accompanying treatment you will have the satisfaction of having your patient see again, and the eye to progress through its otherwise painful course in comparative ease.

We all have occasion to remove bits of steel and foreign bodies of various kinds from the cornea. These wounds are quite painful, and should be quieted with applications of the sulphate of atropia.

In catarrhal conjunctivitis, where astringents are commonly used, with the effect of increasing or keeping up the inflammation, atropine is the best remedy. A drop of a solution of two grains to the fluid ounce of water should be applied four times daily, and the eye protected from the light. You will be astonished to find how soon such cases recover. Should the acute stage pass, and the discharge still continue from the conjunctiva, of course astringents are called for.

It sometimes happens that posterior synechiae are formed in old cases of iritis. If a very strong solution of atropine is used it is quite possible to tear them asunder, and give the patient in some instances a movable iris. In order to make a diagnosis in this condition it is essential to use the mydriatic at first, and the movable part of the iris will dilate and leave the tongue-like attachment in plain view.

Eyes are occasionally seen which are useless because of a central opacity of the cornea, or by central nuclear cataract, or central capsular cataract. A weak solution of sulphate of atropia, one-twelfth of a grain to the ounce, will dilate the pupil and let in light to the retina, without paralyzing the accommodation. Before operating for cataract, whether by the needle or extract, or before making an iridectomy, it is necessary to put atropine in the eyes. Perhaps the most singular power this agent possesses is that of paralyzing the accommodation. If the mobility of the crystalline lens is prevented we cannot focus for near vision, and all things are blurred except those at a distance. In a few hours after a strong solution of atropine has been dropped into the eyes the crystalline lens ceases to be acted upon by the ciliary muscle, and your accommodative power is lost. In cases of hypermetropia, where the antero-posterior diameter of the eyes is shorter than the normal standard, the lens has great additional work to do, and finally becomes exhausted. Paralyzing the ciliary muscle with atropine, and

using glasses, we find out exactly the degree of defect, and, if necessary, remedy it with spectacles. Those who have astigmatic or irregularly curved eyes are under a constant strain, the lens endeavoring to make up for the irregularity by alterations in its own curvature. These eyes must be put at rest with atropine before anything like accurate corrections are made. Many cases of asthenopia or weak sight are cured by the aid of this invaluable drug. Occasionally one meets with a case of spasm of the accommodation. Here the ciliary muscle acts irregularly and the miserable patient sees nothing distinctly except at rare intervals. Atropine gives a perfect rest to the sufferer, and after a short time the effects pass away and all is well. There is some danger attending the use of this remedy, as might be expected of so poisonous a drug. Many surgeons never give it to their patients, but apply it themselves. This is an unnecessary precaution, for with care no evil results follow. Sometimes a small portion flows with the tears through the canaliculi into the nasal duct and so enters the body through the nose. This is prevented by bidding the patient lean forward after it has been applied, so that the tears may run down the cheeks. Even should dryness of the throat be noticed, the remedy can be stopped before it has power to do further mischief. Occasionally atropine is not tolerated. Those who do not bear the remedy have great conjunctival injection and pain and all the symptoms are rendered worse. For these patients a strong solution of extract of belladonna has to be used.

With the hope that what has been said may lead some to keep by them and use early a solution of sulphate of atropia in the conditions I have so briefly and so imperfectly sketched, I thank you for your attention.

The Society adjourned to meet the second Tuesday in October, at the State Lunatic Asylum.

#### The Northwestern Ohio Medical Association.

The seventh annual meeting of this Society convened June 6th, 1872, Dr. BALLARD, President, in the chair. The opening address was delivered by Dr. A. Hurd, of Findlay.

S. A. Baxter, of Lima, Secretary, read the minutes of last meeting, which were approved. On motion, a copy of the address of Dr. Hurd was requested to be filed with the Secretary.

#### HONORARY MEMBERS.

The following gentlemen were elected as honorary members of the Association: Alva Evans, Bowling Green, Wood Co.; B. Rawson, Findlay, Hancock Co.; L. Firmin, Findlay, Hancock Co.; A. J. Scott, Loudonville, Ashland Co.



# ELECTION OF OFFICERS.

The Convention next proceeded to the election of officers to serve for the ensuing six months, with the following result:—

President—H. D. Ballard, Findlay.

1st Vice President—J. M. Shoemaker, Napoleon.

2d Vice President—S. B. Hiner, Lima.

Dr. W. H. Phillips read an essay on Spinal Irritation, which we print elsewhere.

It was decided to hold the next semi-annual meeting at Lima, on the first Thursday in December, 1872.

## Franklin County, Pa., Medical Society.

The quarterly meeting of the Franklin County Medical Society was held in Waynesboro', on Tuesday, July 2d. The meeting was called to order by President Hunter, at 1.30 P. M. Dr. Montgomery was appointed Secretary *pro tem*. The minutes were read and approved. The report of the delegates to the American Medical Association was made by Dr. Montgomery and received.

After a discussion of numerous medical topics, interesting to the Society, it adjourned to meet at Mercersburg, the first Tuesday of next October, at 7.30 P. M.

## Wisconsin State Medical Society.

The Wisconsin State Medical Society held its regular annual session in Fond du Lac, beginning on the 19th of June, and continuing three days, Dr. J. FAVILL, its President, in the chair.

The attendance was good, and the number of applicants for membership showed a gratifying appreciation of the estimation in which the Society is held by the profession of the State.

An address of welcome was given by Dr. E. L. Griffin, which was followed by some necessary routine work.

Reports of Standing Committees were rendered as follows:—

On Surgery several papers were read, and in part illustrated, among which were the following:—

By Dr. Meacher, a report embracing four subjects: 1. A Pyogenic Ovarian Cyst. 2. Protracted Use of Chloroform. 3. Resection of Tibia and Fibula in a Viciously United Fracture. 4. A Case of Senile Gangrene.

By Dr. Senn, a lengthy and valuable report on Necrosis and its Treatment.

On Practice, papers were presented as follows:—

By Dr. Manley, one touching on the Pathology and Therapeutics of Diphtheria, Diabetes, Rheumatism, Cerebro-spinal Meningitis, Epilepsy, Influenza, and Indigestion. By Dr. Ferrin, on Small-pox and Vaccination, and by Dr. J. G. Meschem, on Encephaloid Cancer.

On New Remedies, an elaborate paper by Dr. J. J. Brown, on Hydrate of Chloral, led to a discussion which displayed diversity of opinion and independent thought.

On Diseases of the Eye, Dr. E. W. gave a paper on Iritis.

After these came reports of Special Committees, and voluntary papers, among which were the following:—

By Dr. D. C. Davies, two papers, one on Gynecology, and the other, A Successful Case of Ovariectomy.

By Dr. C. Linde, on Diseases of the Skin.

By Dr. Waterhouse, an essay on Enervation.

By Dr. T. Nichols, a paper on the Laryngoscope, with exhibition of different varieties of the instrument.

By Dr. J. C. Davis, a report of a case on Paracentesis Thoracis in a Child; recovery.

By Dr. Wigginton, on Hydrate of Chloral.

By Dr. Witter, two papers entitled Urethral Stricture and Urinary Fistula, and Cerebro-spinal Meningitis.

By Dr. Marston, a history of three cases of Placenta Previa.

By Dr. Conant, on Cerebro-spinal Meningitis.

By Dr. Brett, on Compound Fracture, with loss of an inch of the Tibia, and subsequent recovery, with use of the limb.

By Dr. Cory, on the Use of Anæsthetics.

By Dr. Brown, two papers entitled, Suggestions on the Use of Anæsthetics in Midwifery, and Intussusception.

By Dr. Brenton, a case of Post-partum Hemorrhage.

By Dr. J. E. Davies, on Correlation of Forces in Physiology and Medicine.

By Dr. Vivian, a case of Fractured Skull with Depression and its Consequences, himself being the subject.

By Dr. Griffin, a case of Cæsarian Section.

The foregoing papers and reports were prepared with manifest care, were well received, and will appear in full in the published "Transactions," together with an obituary notice of Dr. Mason C. Darling, the first President of this Society, by Dr. Griffin; also a biographical sketch of Dr. J. H. Hyde, by Dr. Ferrin.

During the afternoon session of the second day President Favill gave his annual address on "The Relation the Profession holds and should hold toward the Community," an able and eloquent production.

During the session several resolutions looking to the advancement of medical science in this State were adopted, of which the more important were, one memorializing the Legislature for the appointment of a State Board of Health, in accordance with a movement originating in the American Medical Association; also one in reference to the examination of applicants for the study of medicine, as regards their educational attainments, with a view to raising the standard of scholarship. A resolution was also adopted authorizing the Secretary to hold copies of the published "Transactions" for sale at \$1.00 per copy.

The election of officers for the ensuing year resulted as follows:—

President—Dr. H. Van Dusen, of Mineral Point.

1st Vice President—Dr. E. L. Griffin, of Fond du Lac.

2d Vice President—Dr. John Dickson, of Allen's Grove.

Secretary and Treasurer—Dr. James T. Reeve, of Appleton.

Censors—one year, Dr. D. Mason; two years, Dr. N. Dalton; three years, Dr. J. K. Bartlett, and henceforth one to be elected annually, to hold his office three years.

The following Standing Committees were appointed:—

Arrangements—Drs. J. K. Bartlett, Marks, and Johnson.

Surgery—Drs. Dalton, Palmer, and Brett.

Practice—Drs. Waterhouse and Bell.

Obstetrics—Drs. Whiting, Marston, and Armstrong.

Pathology—Drs. E. H. G. Meachem, Brown, and A. Clarke.

New Remedies—Drs. Senn, William Fox, and Hall.

Medical Education—Drs. J. G. Meachem and Mason.

Diseases of the Eye—Dr. E. W. Bartlett.

Ethics—Drs. Strong, Russell, and Marks.

After the appointment of delegates to the American Medical Association, and to the various neighboring State Medical Societies, this Society adjourned to meet in Milwaukee, the third Wednesday of June, 1873.

J. T. R.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Hour-glass Contraction of the Uterus.

The Cincinnati *Medical News*, February, 1872, contains an instance of this complication, reported by Dr. A. E. DUNCAN, of West Milton, Ohio:—

I have met with two cases in less than ten years' practice. The first case was that of Mrs. — (Oct., 1863), in her third accouchement. In her first two she had given birth to healthy living children at full time. In this it was an abortion, about the beginning of the fifth month. The patient states that the "water broke some three weeks ago," and that the "water continued to flow at times for a few days." Patient had more or less pain daily during those three weeks, but not so as to prevent her from attending to her daily work. Evidently the membranes (*chorion* and *amnion*) had ruptured, and the liquor amnii made its escape.

At time of parturition the foetus was readily delivered. Placenta retained; which could not be felt without introducing the hand into the uterus, which was not at first done. There were no pains to indicate an effort of the uterus to expel its contents. Administered vinum ergotæ. Made slight extension on the cord, which easily gave way at the placental attachment. At this time there was some hemorrhage, which was followed by profuse flooding. The hemorrhage was now of such a character that the life of the patient was in serious jeopardy if not at once relieved.

The position of the patient required that my left side should be toward the bed, hence the introduction of the left hand into the vagina; thence into that part of the uterus that had so recently contained the foetus, when the hour-glass condition of the uterus was discovered, the uterus being

steadied by my right hand, through the abdominal wall. The centre of hour-glass was about one inch in diameter, and slightly dilatable. Two fingers were passed into the fundus uteri, where the small placenta was imprisoned, which was at once brought away without difficulty. There were no utero-placental adhesions.

The cause of this irregular contraction was produced either by the ergot, or from the position of the placenta and foetus (the one at fundus, the other at cervix uteri), and the length of time since the escape of the liquor amnii. I am inclined to the latter of the two causes as the cause.

The second case. Nov. 15, 1871, was called nine miles in the country to see Mrs. — in her second confinement, at full time. There was a vertex presentation, and first position, the first stage of labor lasting eighteen hours. The os uteri soft and dilatable early in the labor. The last eight hours of the first stage the pain had almost ceased; patient feeling quite comfortable. Why not administer ergot? There were two reasons why I did not. The right side of the os uteri was prone to remain forward anterior to the foetal head; and there was a more than ordinary prominence in the epigastric region, which were the only things unnatural in the case, except delay.

The second stage of labor was eight hours. The last three hours of labor the patient was weary, and felt exhausted after each pain. I gave during this time spir. vi. gallici, and ext. ginger, with good effect. At the end of the twenty-sixth hour of labor the patient was delivered of a living male child, weight eleven pounds. The patient was allowed to rest a few minutes in the horizontal position. Slight uterine pain occurred, and an effort was made to remove the placenta. By passing the hand into the vagina so as to allow the finger to enter the uterus, it was found

to be empty as far as could be thus explored, save the cord. With this fact ascertained, and the peculiar elongated condition, as observed through the abdominal wall, the hour-glass condition of the uterus was at once anticipated. Without further delay I thoroughly anointed my right hand, and gently passed it into the vagina, and thence into that part of the uterus from whence the fetus had been recently expelled, leaving my left hand free to make extension on the cord as I might desire, and having the uterus steadied by a female assistant. The central contracted portion was rigid, and about one and a half inches in diameter. In passing the finger between the placenta and uterine wall no adhesion could be found within the finger's length. No attempt was made to dilate the central hour-glass for the introduction of the entire hand. But by the use of two fingers within the fundus uteri, and extension by the cord, a small portion of the placenta was soon brought through the passage; and by a continued stepping motion of the two fingers, and traction on the cord, a rotating motion of the placenta was effected, and a speedy delivery of the imprisoned placenta was accomplished.

#### Beneficial Effect of an Over-dose of Ipe in Membranous Croup.

The following singular incident is reported in the *Medical Archives*, by Dr. J. B. WALKER, of Baden, Mo:—

I was in attendance on a patient, aged six years, laboring under a severe attack of membranous croup. He was stout, and previous to the present sickness in robust health. The disease had commenced two days previous, and had resisted the ordinary treatment instituted against it. The application of caustic to the larynx, cold applications externally, emetics, and nauseants exhibited liberally and attended with copious discharge of florinous exudations, had all failed to arrest its onward march; and as I left the little sufferer late in the evening of the second day of his attack my hopes of his recovery were not of the most brilliant character. Some two years before I had attended a child of the same parents with the same disease, and with a fatal result, and I considered this one as destined to go the same way. His stridulous respiration, the blueness of the surface, with the drowsiness fast deepening into stupor, all attested the approaching end.

Towards midnight I was hurriedly sent for, and found on my arrival that, by mistake, a quantity (they said a teaspoonful) of ipe, diluted to some extent, had been given him by one of the neighbor women, who supposed it was water which had been left standing in the room. He must have gotten a rather heavy dose, for I found him with mouth and tongue and lips very much swollen, and a steady flow of mucus from his mouth and throat—in fact, a steady stream—with a burning in the line of the œsophagus and stomach. As an antidote I gave him

frequently small doses of sweet oil, and to my surprise his croupy symptoms began to pass away, and with the exception of a diarrhoea that was a little troublesome, he recovered without a bad symptom. I am confident he owed his life to the stimulating effect of the potash, causing an excessive secretion from the mucous surfaces and overcoming the inflammatory congestion.

#### Post-Partum Inflammation and its Treatment.

In the *St. Louis Medical and Surgical Journal*, February 1872, the following case and remarks by Dr. EDWARD MONTGOMERY, of St. Louis, is recorded for the purpose of illustrating the treatment followed:

Mrs. S., 37 years of age, a primipara, taken in labor on the evening of the 20th of January, 1869. A midwife was in attendance, until three P. M. the next day, at which time the membranes ruptured and a large loop of the umbilical cord protruded from the vagina. I was then sent for and found about fifteen inches of the prolapsed cord in the vagina, the fetal head still high up, and seemingly resting on the superior margin of the pubic bones. The labor pains had been very severe since their commencement, the patient appearing to suffer great torture at the region immediately above the pubis; the pains in this region being sharp and lancinating. Her pulse was quick, hard and wiry, and there was considerable tenderness and fullness in the lower part of the abdomen, occasioned most likely, in great part, by retention of urine. I caused the patient to get up on her feet in the bed, then to stoop forward with her head down on the bed so that her pelvis was well elevated, when I had little difficulty in returning the cord over the child's head; I kept her in the same position until she had a strong expulsive pain, when the head entered the superior strait so as to prevent the egress of the funis again; she now urinated freely and I thought I would have little more difficulty with the case; but I was mistaken, for although the pains continued for two hours with great violence, I believed that the child would not be born alive without instrumental assistance; so I administered a warm salt and water injection, which thoroughly emptied the rectum, and applied the forceps and delivered a healthy male child, weighing about nine pounds.

The placenta came away without any trouble, and the sanguine discharge was normal, but the patient seemed feverish and irritable, the pulse still quick and wiry, and the abdomen tender on pressure. I wrote a prescription for five grains of the sulphate of morphia, half an ounce of gum arabic, and two ounces of spearmint water; of this solution the patient was to get a teaspoonful immediately, to be repeated every two or three hours if pained or very restless. I also prescribed twenty grains of the sulphate of soda in a tablespoonful of sweetened peppermint water to be given every three hours,

and a piece of flannel saturated with turpentine and oil placed over the abdomen under the binder. I directed the room to be kept at an even temperature. I visited my patient early next morning and found her still feverish, that same hard, quick, wiry pulse, great thirst, anxious and restless, with much abdominal tenderness. The after pains would come on very severe if the morphine was omitted for a longer period than two hours. I now ordered three drops of Norwood's tincture of *veratrum viride* to be given every hour and a half until the pulse came down to 80, or until nausea ensued; the bisulphite of soda to be continued, the morphine also to be given in sufficient quantities to keep the patient easy, and the continual application of the turpentine stupes to the abdomen; and light nourishment. Although the patient had urinated, and the uterine discharge was free and natural, I injected a weak solution of chlorinated soda, warm, per vaginam.

I visited the patient again in the evening and learned that the medicines had been given regularly all day as directed; she had taken some seven or eight doses of the *veratrum viride* and was now nauseated, and had the pulse lowered to near 80; I directed it to be omitted, but to resume its use if the skin became hot and dry and the pulse became much accelerated. The skin was now moist, the thirst abated, and the abdominal tenderness not so great. I directed the continuance of the bisulphite of soda, and enough of the solution of morphia to insure repose, and also prescribed five grains of quinine every three hours as long as the fever kept down. At my visit on the following morning there was still some abdominal tenderness with slight meteorismus, the pulse 87, thirst not so great, and countenance more composed and placid. The skin had become dry and the pulse accelerated during the night, when two doses of the *veratrum* reduced the fever. The quinine and the bisulphite of soda, with an occasional dose of morphine, were kept up for the two or three following days, and the patient made a good and permanent recovery.

#### A Recto-Vaginal Fistula Cured without an Operation.

In the *Transactions of the Wisconsin State Medical Society*, 1871, Dr. G. F. MILLER, of Grand Rapids, relates the following case:—

May 16th, was summoned in haste to see the only child (a girl) of J. F. L., et. seven months. Her pinched features and sallow complexion gave me anything but a favorable impression of the disease, which the parents were pleased to call canker, and which had existed for months previous in the form of aphæ, and seemed to have traveled the whole length of the primæviæ, evidently involving the structure in its pathway, as had been frequently evinced by muco-purulent evacuations. At this time there had been an evacuation from the rectum into the vaginal passage, which excited

no little solicitation and anxiety. It was not until I saw the passage of the evacuations myself, that I was without doubt concerning this new and unnatural passage into the vagina. Upon examination, however, it was found that there had been actual ulceration through both intestinal and vaginal walls. The opening thus formed was quite small, there being *termina* and *tenesmus* during each evacuation. Urine scanty and highly colored, together with general prostration of the whole system. There are perhaps few questions in surgery which afford a better test of judgment, experience and decision, than those concerning such cases as I now report. I confess, I was much at a loss what course of treatment to adopt in this case. Positive directions were given, however, for a wet nurse to be had, the mother's milk being almost entirely destitute of nutriment, she having suffered for a long time previous with stomatis, and her general health being quite precarious. The next and by no means the least indication was yet to be secured, viz.: to close and keep closed, the unnatural passage into the vagina.

One of the most important elements in the treatment of such cases is to be found in the great principle of rest, as carried out both in medicine and by an apparatus which will perfectly retain the parts in position and at the same time not interfere with the natural exit of urine. To secure the former an enema was ordered to be given once in three hours per anum, consisting of one-half ounce of the following preparation:—

R. Opii pulv.,	gr.x.
Gum myrrh,	ʒj.
Ext. glycerhiz,	ʒss.
Venice turpentine,	ʒjss.
Ol. anisi,	
Persulph. iron,	aa ʒj.
Aque fontane,	Oj.

Mix and boil for one hour.

The vagina was then packed with surgeon's lint, saturated with the following solution:—

R. Ol. olivæ,	
Glycerine,	aa ʒss.
Carbolic acid,	gtt.x. M.

The lint thus saturated was applied and kept in place by compress, until after passage of urine, when it was removed and new dressings applied.

17th. Evacuations less frequent; *termina* and *tenesmus* subsided; packing was removed but once during the night; child very languid; no evacuations through the recent passage; continuation of above treatment was ordered.

19th. Symptoms improved; evacuations from the bowels less frequent; urine very scanty; restlessness and some fever. Treatment continued, together with the following:—



R. Gelseminum,  
Tinct. aconite root, aa gtt. v.  
Spts. nitre, 3j.  
Syrupus,  
Aqua fontana, aa 3iij. M.

Dose every three hours.

20th. All the symptoms much improved. This same treatment was continued with gradual improvement of the symptoms until the 25th, when the enema was discontinued and one drachm of castor oil given, which operated quite naturally the same day. On the 26th inst. the packing and all medicine were discontinued. The child continued to improve from the first.

#### The Temperature in Splenic and Cardiac Disease.

A case was reported lately to the Chemical Society of London, by Dr. ANDREW, showing wide daily range of temperature in connection with vegetations on the mitral valves (rheumatic disease) and infraction of the spleen. William Henry C., aged 16, was admitted into Victoria Park Hospital, under the care of Dr. Andrew, on October 27th, and died on December 6th, 1871. He had had a severe attack of rheumatic fever two years previously, and had never been well since; he had a slighter attack three weeks before admission. On admission he had still pains in the hips; was very pale and thin; pulse 120; tongue coated. His appetite was bad, and he was thirsty. The bowels were confined. He had a slight hacking cough. The dyspnoea was generally worse at night. The urine was of specific gravity 1020, containing a trace of albumen, which was never again found. The lungs were normal. The heart was greatly hypertrophied. A blowing systolic murmur, loudest at the apex and towards the axilla, was also heard posteriorly. The liver was slightly, the spleen greatly, enlarged. For the first ten days after admission, the evening temperature ranged from 103 to 105 deg., the morning temperature from 98 to 101 deg. He had a slight attack of tonsillitis, and for two days the temperature remained at 103-104 deg. After this the daily variation returned and gradually diminished, the minimum rising and the maximum falling; on the whole, however, the mean temperature was somewhat increased. On December 1st the temperature began to fall, rising again for a few hours on the 4th. On the 6th, an hour or two before death, it was only 94. At the *post-mortem* examination nothing was found except the disease of the heart and of the spleen, with one or two small fibrinous wedges in the kidneys also. The spleen grew larger for some time after admission, the gradual diminution in the daily variation of temperature coinciding with the subsequent gradual decrease in its size. The microscopical examination of the blood showed no increase of white corpuscles, but a pale, shriveled state of the red discs. The

prominent features of the case were the dyspnoea, without any physical evidence of pulmonary or pleural change, the extreme anæmia and muscular weakness, the constant drowsiness, and the absence of rigors and of any form of delirium. He seemed to die at last from cold.

#### Fracture of the Patella.

The following case is reported by Drs. F. R. and C. E. SMITH, in the *Northwestern Medical Journal*.—

F. S., German, æt. 45, contractor and mason, while descending a step-ladder into an excavation for a cellar, fell about four feet, striking his left knee. On attempting to rise he found the knee very painful, and was forced to desist.

On visiting him soon after we found that the patella had been broken into five pieces. There was no mark of bruising, nor was the skin broken; but at one point the cuticle was abraded as if he had fallen on a small pebble or chipping of stone (the bottom of the cellar was solid rock); and from this point the fracture radiated.

We placed the limb at rest, having applied a bandage from the ankle to the hip merely tight enough to control the muscles, and as the part was swelling rapidly, ordered a cold, evaporating lotion.

After several days, when the heat and swelling had abated, we placed the limb on a single inclined plane, and applied adhesive straps as recommended by Dr. Hamilton.

In about twelve hours the part became so swollen and painful that we were obliged to remove the dressing; we reapplied the bandage, and ordered the lotion again to be used. After forty-eight hours we again applied the adhesive straps as before, very carefully, but were again obliged to remove them. After two days, the heat, pain and swelling having subsided, we applied strips of adhesive plaster *obliquely* around the joint both above and below the patella, and bound the limb firmly, but not tightly, to a well padded back splint. This dressing also we were obliged to remove on account of the inflammation and discomfort it caused. We now allowed the limb to remain for a week without any dressing to keep the fragments in apposition, beyond the roller as first applied. We then successively tried Dorsey's dressing, Gerdy's, and several others, with all the modifications we could think of, but with no better effect.

Finding that all attempts to bring the fragments into close apposition caused pain and swelling, we concluded to put the limb, bandaged firmly, but not tightly, with figure of eight turns about the knee, into a well padded, carved back splint, jointed at the knee; to this we bound the limb from the foot to the upper part of the thigh with a roller.

We found this well borne, except that our patient complained of the *entirely* straight

position of the leg; by means of the screw at the joint we gave the splint a slight angle, making a double incline on a very small scale, thereby greatly adding to his comfort.

We attempted several times during the course of treatment to substitute some more secure means for retaining the fragments in apposition, but with invariably the same result; they could not be tolerated.

At the end of six weeks our patient was allowed to be about, and soon to go out, wearing, however, a bandage that would support the patella, and also restrain motion at the knee.

On measuring the patella at the end of six weeks we were both pleased and surprised to find a little less than one-fourth of an inch of lengthening.

## REVIEWS AND BOOK NOTICES.

### NOTES ON BOOKS.

—Mr. E. Steiger, of New York, has published a catalogue of the most important German publications in the department of medical science during the last fifteen years. It is a neat pamphlet of 82 pages, the books classified under headings similar to those of Virchow's *Jahresbericht der Medicin*, nearly the same as our HALF YEARLY COMPENDIUM OF MEDICAL SCIENCE. It is a most convenient and useful reference catalogue. The only criticism we have to make is that the year in which the various works appeared is not given. To purchasers anxious to obtain the latest authorities, this is a serious drawback. The title is *Steiger's Medicinische Bibliothek, herausgegeben von E. Steiger, New York*.

—Another medical periodical has been commenced in Baltimore, entitled *The Physician and Surgeon*. It is published monthly, under the auspices of the College of Physicians and Surgeons of that city.

—Miss Sophia Jex-Blake has written a book called *Medical Women*. It consists of a historical and argumentative essay on the subject; and of a lecture, delivered before a London audience, detailing the progress and present state of the particular movement in Edinburgh, which Miss Jex-Blake has herself instigated and directed. The first of the two papers gives a succinct account of the more remarkable women practitioners and teachers of medicine of former times, and refers briefly to the modern instances,

and to the increasing consideration with which the demand for the medical education of women is being treated, more particularly abroad.

### BOOK NOTICES.

*Thermic Fever, or Sunstroke.* By H. C. Wood, JR., M. D., etc. Boylston Prize Essay. *Pro Bono Publico.* Philadelphia: J. B. Lippincott & Co. 12mo, 1 vol., cloth, pp. 128.

As the title-page informs us, this work is, for the most part, the Boylston Prize Essay for the present year. Its appearance may be considered to have been peculiarly opportune, as sunstroke has occupied public attention in a very prominent manner this last summer. Nearly ten years ago Dr. WOOD studied several cases with particular attention, and published the results of his observation. He noted the peculiar rigidity of the heart after death, and the prominent febrile symptoms, which latter led him to give it the name of "thermic fever." Whether anything is gained by this new name we doubt, as the common and familiar word *sunstroke*, *insolatio*, *coup de soleil*, commits one to no theory, and is abundantly indicative.

The present volume (which, we regret to see, is without either table of contents or index) is divided into four parts, Clinical History, Nature, Treatment, and Sequelæ. In the second of these the author details his own experiments and those of others, showing, first, that rigor mortis is owing to the coagulation of a muscular plasma; and, secondly, that in certain varieties of sunstroke death is owing to an ante-mortem coagulation of the cardiac myosin. Death also results from paralysis of the respiratory nerves from overheating the brain. The blood is black and semi-fluid, owing to the respiration being unequal to the increased oxidizing power of high temperatures.

In the part on Clinical History, Dr. WOOD justly discriminates between heat exhaustion and sunstroke proper, but intimates, what seems strange to us, that the former is comparatively rare. In speaking of causation he does not allude to the comparative exemption of sailors, when at sea, from the effects of heat. Mariners of long experience in the tropics have informed us that sunstroke on shipboard, out at sea, is abso-

lutely unknown; and we remember to have seen the same remark made by an East Indian surgeon. Of predisposing causes he mentions several, but omits two which we believe very important—a previous attack, and race. The black race has *almost* an exemption from this danger; and one “stroke” leaves a predisposition to another for an indefinite period (as, later in the book, Dr. WOOD recognizes).

In the treatment, Dr. WOOD is not sufficiently full and explicit. He opposes bleeding, but says nothing of Dr. B. W. RICHARDSON'S advocacy of it in certain (rare) cases, on what seems to us excellent grounds. Cold affusions and morphia are what he recommends; but, singularly enough, expresses no opinion whatever on the propriety of using alcoholic stimulants. The treatment of the sequelæ he dismisses in half a page of generalities, which is very far from doing the subject justice.

Although we have allowed ourselves to point out these lacunæ in the book, its very excellence in most respects is what has brought them prominently to our notice. We commend it as the most complete and satisfactory essay we have ever read on the subject, and the author deserves the highest praise for his skillful original experiments, and the sagacity he displays in their interpretation.

**Cancer: its Varieties; their Histology and Diagnosis.** By HENRY ARNOTT, F. R. C. S., etc. Illustrated with lithographic and wood engravings, from drawings by the author from nature. Philadelphia: Lindsay & Blakiston. 1872. 1 vol, 8vo, Cloth. pp. 86.

The author's position for some years as Surgical Pathologist at the Middlesex Hospital, London, gave him unusual facilities for studying malignant growths. The fruits of his researches were partly published in the *Medical Times and Gazette* (London), but he has done well to preserve them in book form, for they add materially to our knowledge of the histology of these much feared enemies of our kind.

He is a firm believer in the primarily local nature of cancer, as opposed to the nature of a specific blood disease, like syphilis, and is bold enough to hope that successful treatment will follow in time an accurate diagnosis of such growths. Hence he illus-

trates with great pains and clearness the varieties of cells and inter-cellular structure which characterize the varieties of cancer he recognizes. The “cancer cell,” as a distinct and pathognomonic growth, he does not, however, recognize. Psammoma he does not consider malignant at all.

The directions for the examination of cancer under the microscope, given in the second chapter, are extremely useful, as much discrepancy among observers has arisen from their diverse methods of investigation. The last chapter contains a practical summary, giving the therapeutical and prognostic value of an accurate diagnosis, and the relative value in diagnosis of family history, age, cachexia, pain, gland involvement, etc. It will be found of very considerable value to the surgeon.

**The Magnetic and Mineral Springs of Michigan,** to which is prefixed an Essay on the Climate of Michigan. By STILES KENNEDY, M. D. Wilmington, Del.: James & Webb, 1872. 1 vol., cloth, 8vo, illustrated, pp. 127. Price \$2.

A few years ago considerable attention was attracted to the alleged magnetic properties possessed by the waters of some artesian wells in Michigan, especially when it was further added that such waters possess therapeutic properties in a high degree. Dr. KENNEDY has given more study, probably, than any other physician, to both the inquiries here involved. The readers of this journal will recall that some of his results appeared in our pages (March, 1870, etc.). In the work whose title is given above he enters more thoroughly into the theme.

The subject of the magnetic qualities of the water itself he does not conclusively decide, though inclining to the affirmative view. Their therapeutic value he esteems much higher than we can, after reading the evidence adduced in its favor. After giving proper credit to change of air, a regulated diet, a healthy climate, judicious bathing, electricity, and drugs, we cannot see that any of the cases he cites owe anything to Michigan mineral water at all. A feeble tonic effect from the iron many of them contain is at most all they can claim at present.

As a guide-book to the prominent health resorts of the State, and as an impartial and carefully compiled Essay on the Springs, the book deserves commendation.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPT. 7, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

## THE QUESTION OF INTOXICANTS.

Some weeks ago we laid before our readers the views of Dr. ANSTIE and others on this important question. While anxious to avoid a pertinacious drumming on a question already so old and weather beaten, we believe that the views of some other recent authorities will not be considered out of place by our readers.

Quite lately Dr. G. HURT, of St. Louis, has reviewed the question of alcohol as a therapeutic means, in the *Medical and Surgical Journal* of that city. His conclusion, after a pretty thorough collation of authors, is this:—

"Though the opinions of scientific men may differ with regard to the physiological effects of alcohol, and its therapeutic indications in some phases of disease, yet on some points there appears to be pretty general unanimity.

"It is admitted by all, that by interrupting the oxidation of the tissues, or by some other more mysterious process, it checks waste, and is therefore indicated in cases where the moulting of the tissues is supposed to be in excess of their nutrition, though I doubt not other articles in the *materia medica* might be found to answer these indications quite as well, if not better.

"It is also an admitted anæsthetic, and is indicated in many forms of nervous erethism; but in the sulphuric and nitric ethers, in chloral hydrate, the bromides, and in some of the preparations of ammonia, we have remedies equally potent, and on moral considerations greatly to be preferred. For when we consider the dangers to which every resort to alcoholic liquors as a medicine exposes the patient, to a habit for their use in health, it must be conceded that other remedies which will meet the indication ought to be preferred, and any resort to it which is not absolutely necessary subjects the prescriber to a fearful responsibility, both as physician and citizen."

Since Dr. HURT wrote his article, the experiments of Dr. SUBBOTIN have been made public. They are described as follows by Dr. H. P. BOWDITCH, in the *Boston Medical and Surgical Journal*:—

"They were performed on rabbits enclosed in an apparatus by means of which the exhalations of the skin and lungs could be examined for alcohol. The urine was also collected and examined for the same substance.

"The experiments showed that in the first five hours after the introduction of 3.45 grammes of alcohol into the stomach of a rabbit, about 2 per cent. was eliminated by the kidneys, and 5 per cent. by the lungs and skin.

"Experiments extending over a greater length of time led to the conclusion that, usually, during twenty-four hours at least 16 per cent. of the injected alcohol leaves the body in an unchanged condition (or perhaps as aldehyde), and that besides this elimination by lungs, skin and kidney, a portion of the alcohol is oxidized in the organism. Although by this oxidation force must be set free in the organism, the author does not consider that alcohol is on that account to be regarded as a nutriment, for the functions of the animal body depend for their performance, according to Dr. S., upon the transformation of living material, *i. e.*, of the constituent parts of the body, and not upon the decomposition of matter foreign to the body.

"In a note appended to Dr. SUBBOTIN'S essay, Prof. VOIT expresses himself as follows: 'I do not agree entirely with Dr. SUBBOTIN in his views on the importance of alcohol as a nutriment. I define a nutri-



ment as a substance which is capable of furnishing to the body any of its necessary constituents or of preventing the removal of such constituents from the body. To the first class belong such substances as albumen (since it can be deposited as such in the body), or fat, or water, or the mineral constituents of the body; to the second class belong such substances as starch, which hinders the loss of fat from the body. If a nutriment is defined as a substance which by decomposition furnishes living force to the body, the definition would not be exhaustive, for it would exclude water and the mineral constituents of the body. Alcohol must, therefore, to a certain extent, be regarded as a nutriment, since, under its influence, fewer substances are decomposed in the body. It plays in this respect a similar (though quantitatively very different) part to that of starch, which also protects fat from decomposition and, when taken in excess, causes deposition of fat in the organs, or fatty degeneration. If a part of the alcohol is decomposed in the body into lower forms of chemical combination it *must* give rise to living force, which either benefits the body in the form of heat, or may perhaps be used for the performance of mechanical work; the same is true of acetic acid, which is also not to be considered as an ultimate excretory product, and from which, therefore, in decomposition, potential force passes into living force.

"It is another question, however, when we ask what importance alcohol has for us as a nutriment, and whether we take it in order to save fat from decomposition and furnish us with living force, in other words, to introduce a nutriment into the body. Since alcohol, when taken in considerable amount, causes disturbances in the processes of the animal economy, we cannot introduce it in quantities sufficient for nourishment, as we do other nutriments, and in the amount which we can take without injury its importance as a nutriment is too small to be considered. In this point, then, I agree entirely with Dr. SUBBOTIN; we use alcohol not on account of its importance as a nutriment, but on account of its effects as a stimulant or relish."

The treatment of inebriates is, we are pleased to observe, occupying considerable attention in Great Britain.

The Select Committee appointed to inquire

into the best plan for the control and management of habitual drunkards have considered the matters referred to them, and have made a report. The Chairman personally undertook during the recess a special voyage to the United States, for the purpose of inquiring practically into the conduct of inebriate asylums here, and of acquainting himself with their beneficial effects. He has volunteered his evidence to the Committee, giving the result of his examination and experience.

From his evidence it appears that he visited eight institutions of this character in the United States, leaving only one unvisited at San Francisco; he also visited one in Canada. All of these are regulated by charter or by some Act of incorporation, and are managed by committees. They comprise all that exist as wholly public or as partly private inebriate asylums on the American Continent, and all except two received contributions and support from the State. Nevertheless, they originated either with societies or individuals actuated by philanthropic motives, and are partly maintained by them.

## NOTES AND COMMENTS.

### How to Disinfect a Room.

Dr. CAMERON remarked at a late meeting of the College of Physicians of Dublin that the complete disinfection of a room tainted with the poison of contagious disease can only be accomplished by the most thorough cleansing. The paper should be removed from the walls, and the latter scraped. The ceiling should be washed and whitewashed, the woodwork and floors should be scoured; all these detergent processes remove, probably without utterly destroying them, the contagious particles. The old-fashioned plan of simply whitewashing the walls and ceiling of a room, and washing the woodwork, has much to commend it, and it is infinitely more efficacious than gaseous disinfection without liquid applications. If the whitewash does not kill the bacteria, it certainly imprisons them securely. The disinfection of the air of the room is best ac-

complished by a solution of chloride of lime, carbolic acid, chromic acid, chloralum, etc., applied in the form of spray; but this process is not likely to be generally adopted. A little chlorine may be generated in the room, and if it do no more than remove a bad odor, it will prove useful. As people cannot comfortably breathe in a room which has just been disinfected by sulphurous acid or chlorine, they are obliged to open doors and windows, in order to admit the fresh air. In this way the use of disinfectants is to be commended, because it obliges people to ventilate their apartments. If solutions of disinfectants be applied to the walls and woodwork, they should be strong ones, say half a pound of chloride of lime to an imperial gallon of water. With respect to clothing and furniture, unless they can be treated with strong disinfecting solutions, or exposed to a temperature of 320° Fahrenheit for eight hours, it were better to destroy them by fire.

#### The Management of the Placenta.

The venerable Dr. FLEETWOOD CHURCHILL recently laid before the Dublin Obstetrical Society the statistics of his thirty-nine years' private obstetrical practice. We quote a part of it which refers to the detachment of the placenta.

"Of the interval which elapsed from the birth of the child until the extrusion of the placenta, *i. e.*, the third stage of labor, I have a record of 2387 cases. I find that in 1965 cases it was 5 minutes; in 278 it was 10 minutes; in 61 it was 15; in 25 it was 20; in 27 it was 30 minutes; and in 8 cases it was an hour. There is a note attached to most of these latter cases, stating that I did not arrive till some time after the birth of the child.

I have found only three cases of *post-partum* hemorrhage, with one death. There were ten additional cases in which extraction was necessary for different reasons, such as flooding, irregular contraction, and morbid adhesion. I may, perhaps, be allowed to remark that many of the cases in which the longer intervals elapsed occurred in the earlier years of my practice, before I had realized the safety and value of pressure so applied as to squeeze out the after-birth from the uterus into the vagina.

If firm grasping pressure be applied to the uterus immediately after the child is born, and continued for a few minutes steadily, it

will be found to diminish in size suddenly, and the placenta will be found in the vagina, from which it is easily removed. The squeezing force should never be excessive, lest we inflict injury; nor is it necessary. More than twenty years' experience has satisfied me not only of its efficiency, but of its safety. I have never known hemorrhage follow in cases thus treated. In some few cases it will fail, of course, and then we must have patience until uterine action sets in, or other circumstances show the necessity of further interference.

#### Natation.

Our contributor who recently spoke so well, in these pages, in favor of the art of swimming, will be pleased to learn that the members of an English bathing club recently took breakfast in a somewhat singular manner. A floating table, decorated with flowers, was anchored some distance from the shore, and upon it were placed hot coffee, eggs, etc. About twenty members of the club then swam out to the table and partook of the breakfast, one of the conditions being that none should touch the table itself.

#### Epilepsy Treated by Bromide of Potassium.

In a recent number of the *Gazette des Hôpitaux*, Dr. DU SAULLE has published the results of the administration of bromide of potassium in two hundred and seven cases of epilepsy. Headache, gastric disturbance, disturbance of sensation, and other troublesome symptoms, have been described as following the use of the remedy; but these he has not found to occur when the drug has been pure. When the quantity taken daily reaches 4 *grammes*, the reflex sensibility of the fauces, epiglottis, and root of the tongue, and the sensibility of the generative organs, are diminished. Acne then also appears; which is not, however, as has been represented, of critical importance. Dr. LEGRAND DU SAULLE commences with a *gramme* and a half or two *grammes* daily, and increases the dose gradually to 6 or 9 *grammes* a day.

Of 207 epileptic patients treated with bromide of potassium, all symptoms of epilepsy ceased in 17, who were under observation during three or four years; 28 remained free from one to two years; in 33 there was marked improvement; in 19 the intervals between the attacks were increased, and

these were less severe; in 110 there was no result. Dr. LEGRAND considers that it is not safe to entirely omit the use of the bromide, even when there has been no epileptic attack for a year. The patients, however, must be watched; for, under the prolonged use of the bromide, mental disturbance, stupor, confusion of ideas, impotence, and acne are apt to set in. The last named affection has sometimes disappeared under the use of arsenic simultaneously with the bromide of potassium.

#### Sunstroke in London.

In spite of what our English cousins call the torrid heat of the past summer in Great Britain, only one fatal case of sunstroke was reported in London. One of the boys belonging to the "Goliath" training-ship was struck down just after being reviewed by the Prince of Wales. He was brought to the hospital, and died in a few hours, in spite of treatment; his temperature before death exceeded 100 deg. The necropsy showed nothing but very fluid blood, and a somewhat congested brain; the lungs and other organs were healthy. The absence of prodromata is remarkable in these cases. A strong-looking laborer, of middle age, was admitted also into St. George's Hospital. He had been at work all the morning, and became suddenly unconscious just as he was going off to dinner; he declared that he had not been at all inconvenienced by the heat, had taken nothing to drink, and been perfectly well till the moment of the attack.

#### The Mortality in Paris During the Siege.

Dr. SUEUR estimates that the total mortality during the twenty-eight weeks of 1870-71 was 77,231, an excess of 52,303, this being apparently the toll which death demanded, and the price which the Parisians paid for the glory of resistance to BISMARCK and VON MOLTKE. The mortality fell unevenly on persons of various ages. Between fifteen and twenty-five it was multiplied sixfold. The general mortality was tripled. The mortality was least among men from forty to sixty; they took no part in active service, and had comparatively greater facilities for resisting cold and privation. The diseases which contributed chiefly to the immense mortality were six, small-pox, bronchitis, pneumonia, typhoid fever, diarrhoea, and dysentery.

#### A Centenarian.

The death of a centenarian, Mrs. C. MURRINE, is announced in Newark, N. J. Deceased was a native of Ireland, and came to this country twenty-five years ago. She reached the advanced age of 105 years and 10 months.

### NEWS AND MISCELLANY.

#### Patents Issued.

List of Medical and Surgical Patents issued from the United States Patent Office to United States Inventors, for the week ending August 6, 1872, and each bearing that date. Furnished this paper by Cox & Cox, Solicitors of Patents, Washington, D. C. :-

Hair Restoring and Coloring Compound—G. Smith, Ayer, Mass.

Medical Compound or Salve—E. Wilson, Buchanan, Mich.

Machine for Polishing Dental Plates—E. A. Mayor, Owego, N. Y.

#### The International Ophthalmological Congress.

This Congress convened in London, August 1, and had a well attended and interesting meeting. The business was conducted, as far as possible, in the French language. M. Donders, of Utrecht, was elected President. Among American Physicians who were present we note the names of Drs. Thomson and Dyer, of Philadelphia; Dr. H. W. Williams, of Boston; Dr. Green, of St. Louis; Dr. Agnew, of New York; Dr. Rider, of Rochester; Dr. Roosa, of New York, and Dr. J. Jeffries, of Boston.

#### Sudden Death of an Army Surgeon.

Intelligence has been received of the decease of Dr. Joseph E. Semple, surgeon in the United States Army, near Meriden, Mississippi, on Tuesday, August 27th. Dr. Semple was a native of Philadelphia, and educated to the medical profession. He graduated at Jefferson Medical College in March, 1853, was for five years surgeon in the United States Navy, and in July, 1861, was appointed assistant surgeon in the United States Army, and continued in the service until the time of his death. Dr. Semple was in the prime of life, and in fine health, and only recently visited his relatives in our city. He was on his way to New Orleans to receive orders from the commanding officer, and died suddenly of apoplexy, in the cars, near Meriden, Mississippi. He was highly esteemed by his brother officers. His loss is mourned by a large circle of friends and relatives in Philadelphia.

ADDITIONAL deaths are reported this week from chloroform.

## Kings County, N. Y., Institutions.

The annual report of the Kings County Nursery, submitted to the Board of Supervisors of Kings County, shows the total number of inmates at present 1014, of whom 581 were admitted since July 31, 1871. All but 112 of the total number are children.

There have been 4193 patients received at the Kings County Hospital during the year just closed, and there were 346 in the institution at the close of the previous year. There were during the year 663 deaths, and 2890 discharged; the remainder are still in the wards.

The Almshouse report for the past year shows 1768 persons admitted, which, with 664 remaining over from the previous year, gives a total of 2433. There have been but nine deaths in that institution during the year; 1401 were discharged and 459 transferred, leaving 563 remaining.

## Philadelphia Protestant Episcopal City Mission Dispensary.

A Medical Dispensary for the purpose of furnishing Medicines and Medical advice, free of charge, to all persons who may be in need, will be opened on Monday, the 16th inst., at No. 1017 Morris street, in the southern section of our city. The Dispensary is to be open daily (Sundays excepted) between the hours of 11 and 1 o'clock.

The following members of the Medical Profession have kindly volunteered their services: Wm. H. Hurt, M. D., Men; Roland G. Curtin, M. D., Harry C. Mecuen, M. D., Women; John Sterling, M. D., Wm. F. Woolsey, M. D., Surgeons; H. F. Baxter, M. D., Skin; Chas. L. Hart, M. D., Geo. M. Reed, M. D. Children.

## Personal.

Dr. O. Liebreich, to whom medicine is indebted for the discovery of the action of chloral, has been appointed ordinary Professor of Materia Medica in the University of Berlin.

Dr. Brown-Séquard has resigned the Chair of Comparative and Experimental Pathology in connection with the Faculty of Medicine in Paris, which he has occupied several years. M. Vulpian has applied for the Chair.

## The Hotel Dieu, Paris.

The new Hotel Dieu is said to be wholly unfit for hospital purposes. So two physicians of Paris, Drs. Thulié and Marmottan, suggest that the old portion of the hospital, on the left bank of the river, should be retained as a hospital, for 200 patients; and that the new portion should be sold to a company—French or foreign—for the purpose of forming docks like those which exist on the borders of the Thames in London. They further point out, that of twenty-two octroi barracks around Paris, four are unoc-

cupied, and may be readily put into repair as hospitals capable each of containing 100 beds. To make up the number of 800 beds which are required, they propose the erection of a new hospital to receive 200 patients.

## NOTES AND QUERIES.

## Extirpation of Ovaries.

*Messrs. Editors:*—Are there any circumstances under which the ovaria of a young lady should be extirpated, those organs being perfectly sound, both organically and functionally?

The operation was performed here very recently, with no other excuse than vicarious menstruation through the rectum. Answer, if you please, in the REPORTER, as soon as convenient. J. H. N.

REPLY.—The operation in such a case is indefensible, and should only be resorted to in case of serious organic disease.

## Artificial Limbs.

*Messrs. Editors:*—Please inform me, through the REPORTER, which you consider the best patent for artificial limbs (legs), and give address of manufacturer. An early answer would oblige. J. B. S.

REPLY.—The leading manufacturers have been accustomed to advertise in the REPORTER the last few years. We believe there is no essential difference between the products of the three or four leading firms in this country.

## Poisoning by Aconite.

*Messrs. Editors:*—Will you please to give me your opinion, through the REPORTER, as to the possibility of saving a patient who, through mistake, had taken a half ounce of the *Tinctura Aconiti Radicis* one half-hour before medical aid could be procured; also, the best treatment to be adopted under such circumstances?

Respectfully, etc., S. B. S.

Ohio, August 12, 1872.

REPLY.—We should certainly not despair in such a case. Death in aconite poisoning results from local inflammation and vascular engorgement. The stomach should therefore be emptied at once, by a prompt emetic, and diffusible stimuli administered afterwards. Animal charcoal, freely exhibited, will lessen the inflammatory action, and strychnia has been found of service in after treatment. Death in such an instance, probably, would not occur for two or three hours if nothing was done, and this itself is favorable.

*Dr. John H. P., of Pa.*—The case you describe is probably one of vaginitis with urethritis. Local sedative lotions, and vaginal injections, with some alkaline preparations internally, would be appropriate.

*Dr. T. J. B. R., of Pa.*—The Philadelphia College of Pharmacy is located on Tenth street, above Arch. Apply to William Proctor, 900 Lombard St.

## MARRIAGES.

DEVENY—MCGILL.—In Syracuse, N. Y., July 1st, by Rev. Joseph M. Clarke, D. D., S. Charles De Veny, M. D., of Williamstown, Pa., and Miss Minnie C., only daughter of the late W. C. McGill, of Simcoe, Ont.